

# Authorization of Release (All areas marked with \* are MANDATORY)

\*DATE OF PICK UP: \_\_\_\_\_

\*TO

FROM

Consignee
Street
Destination
City/State/Zip
Route:


\*CARRIER INFORMATION:

\*Name:

\*Contact Number:

\*QUANTITY

\*DESCRIPTION

*QUANTITY	*DESCRIPTION

\*By signing this bill of lading, the Consignee [ie. person(s)/company purchasing the products] is accepting full responsibility of having the above mentioned products delivered by the Carrier and agrees to hold Indigo Industrial Inc. harmless for any damage having occurred during transport/delivery of products.

\_\_\_\_\_  
(\*Signature of Consignee)

\_\_\_\_\_  
(\*Date)

\*By signing this bill of lading, the Carrier [ie. person(s)/company acquiring the products] is accepting full responsibility of delivering the above mentioned products to the consignee and agrees to hold Indigo Industrial Inc. harmless for any damage having occurred during transport/delivery of products.

\_\_\_\_\_  
(\*Signature of Carrier)

\_\_\_\_\_  
(\*Date)